Open: October 20, 2003



## **OFFICE MANAGER**

## Health Department

Applications must be received via mail, fax, e-mail or in person by 5:00 p.m. on *October 31, 2003*. POSTMARKS ARE NOT ACCEPTED.

#### THE JOB

Plans, organizes, coordinates, and supervises the work of support staff in Financial Services, which involves work efforts in client registration and financial encounters. Oversees work assignments and assures state and local requirements are met for managing medical and vital records. Coordinates assigned activities with other divisions, departments, agencies, and the general public. Provides highly responsible assistance to units within the department. Primarily responsible for direct customer service related activities associated with the Health Department. Organizational responsibilities include understanding and promoting the public health mission of the Department; providing courteous, respectful, efficient customer service to all Health Department clients; honoring diversity of all department employees and constituents; participating in Health Department training; striving for personal excellence in public health work.

#### **QUALIFICATIONS**

Four years of increasingly responsible administrative experience including two years of supervisory experience. All combinations of education, experience, and training that demonstrate the ability to perform the work will be considered. The ideal candidate will have the following strengths:

- Proven excellent customer service skills
- Excellent interpersonal communication skills and ability to develop effective working relationships with co-workers, supervisors, the general public, and employees and officials of other departments and agencies
- Proficiency using computer applications including MS Word, Excel, PowerPoint and Access programs
- Strong organization skills and ability to prioritize work to meet goals and deadlines
- Knowledge of and experience in the use of CPT/ICD-9 coding and claims follow-up
- Knowledge of HIPAA requirements
- Ability to apply initiative, discretion, and judgment to a variety of projects, assignments and situations
- Ability to handle and accomplish multiple tasks in a busy environment
- Strong cash handling skills
- Strong project management skills

Knowledge of...principles and practices of modern office management; principles and practices of supervision, training, and performance evaluation; principles and procedures of budget preparation, control, financial record keeping and reporting; modern office procedures, methods and computer equipment; business letter writing and basic report preparation. Ability to...plan, supervise, and coordinate the work of clerical and paraprofessional support staff; perform responsible and difficult administrative work involving the use of independent judgment and personal initiative; supervise, train, and evaluate assigned staff; understand the organization and operation of the County, assigned department, and of outside agencies as necessary to assume assigned responsibilities; analyze situations thoroughly, identify potential problems, and find effective solutions; interpret, apply, and explain administrative and departmental policies and procedures; independently prepare correspondences, memorandums, and reports; type and transcribe dictation at a speed necessary for successful job performance is required at some positions; work independently in the absence of supervision; operate and use modern office equipment including a computer; work cooperatively with other departments, County officials, and outside agencies; communicate clearly and concisely, both orally and in writing; establish and maintain cooperative working relationships with those contacted in the course of work including a variety of County and other government officials, community groups, and the general public.

#### **SALARY**

The salary range is \$3,836 - \$5,418 per month. It is the general policy of the County to start employees in the lower or middle sections of the salary range. Clark County provides a generous benefits package, which includes medical and dental insurance, paid holidays, vacation, sick leave and retirement.

## SELECTION PROCESS

- 1. <u>Application Review:</u> (Pass/Fail) All applicants must complete a Clark County application and submit it to the Human Resources department by 5:00 p.m. on the closing date. Incomplete applications will not pass the application review. Candidates deemed most qualified will be invited to participate in the remainder of the selection process.
- 2. <u>Supplemental Application:</u> (Pass/Fail) In addition to the Clark County application, applicants must submit and complete the supplemental application. Please see the attached document entitled <u>Supplemental Application Questions</u>. Applicants who do not have the supplemental materials will not pass the application review. Candidates deemed most qualified will be invited to participate in the remainder of the selection process.
- 3. <u>Oral Interview:</u> (Weighted 100%) The interview will be job related and may include, but not be limited to, the qualifications outlined in the job announcement

### REQUEST AND/OR SUBMIT APPLICATION MATERIALS TO:

To apply, all application materials must be submitted by 5:00 p.m. on the filing date listed on the front of the recruitment announcement. POSTMARKS ARE NOT ACCEPTED. A Clark County application is required unless otherwise noted and supplemental materials (i.e., answers to supplemental questions, cover letter, etc.) may be required and must be submitted with the application. <u>Please read application materials thoroughly to determine application requirements.</u>

Clark County Human Resources Department 1300 Franklin Street - 5th Floor PO Box 5000 Vancouver, WA 98666-5000 FAX (360) 397-2457 / TDD (360) 397-6032 JOB HOTLINE (360) 397-6018 E-MAIL HRADMIN@clark.wa.gov INTERNET http://www.clark.wa.gov

#### THE COUNTY

Clark County, Washington is a growing community with a population of approximately 328,000, including the City of Vancouver (population 132,000). Located minutes north of Portland, Oregon and with easy access to the Columbia Gorge, Cascade Mountains, and Washington and Oregon Coasts, the region offers abundant cultural and recreational opportunities. Clark County offers excellent livability and a relatively low cost of living. There is no state income tax.

## **EQUAL OPPORTUNITY EMPLOYER**

Clark County is an equal opportunity employer and is committed to providing equal opportunity and access regardless of race, religion, creed, color, national origin, age, sex, disabled veteran status, veteran status, physical, mental or sensory disability. Women, minorities, veterans, and persons with disabilities are encouraged to apply. Clark County will provide reasonable accommodation for persons with disabilities during the selection process, if requested. Please notify Human Resources of the accommodation needed, preferably at the time of applying, but at least two days prior to the date needed.

#### **IMMIGRATION LAW NOTICE**

Only United States citizens and aliens lawfully authorized to work in the United States are eligible for employment. All new employees will be required to complete and sign an Employment Eligibility Verification form and present documentation verifying identity and employment eligibility.

NOTE: This announcement is intended as a general descriptive recruitment guide and is subject to change. It does not constitute either an expressed or implied contract.



# Office Manager Supplemental Application Questions Posting # 105-10-03

In addition to the application, please submit a narrative supplement describing your experience in the areas listed below. Completion of the narrative supplement is necessary and must be submitted with your application to Human Resources by the final filing date. CANDIDATES WHO DO NOT COMPLETE THIS SUPPLEMENTAL APPLICATION WILL BE ELIMINATED FROM THE SELECTION PROCESS.

Applications and supplemental responses will be evaluated on the basis of overall qualifications for the position: related *experience*, *knowledge*, *skills*, *and abilities*. Those candidates whose qualifications most closely match the position's needs will continue in the selection process. Be sure to answer all sections completely and accurately, describing specific and relevant examples from your background. Use additional sheets of paper if necessary.

- 1. Describe in detail how you coached your last staff on improving customer service skills.
- 2. Describe in detail a difficult project you completed. Include an explanation of the difficulty, how you worked through it, and whether you considered the outcome successful.



**Human Resources Department** 

1300 Franklin Street – 5th Floor/PO Box 5000 Vancouver, WA 98666-5000 PHONE (360) 397-2456 FAX (360) 397-2457 TDD (360) 397-6032

Email: hradmin@clark.wa.gov WEB: www.clark.wa.gov

# **EMPLOYMENT APPLICATION**

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. APPLICATION SHOULD BE FILLED OUT IN ITS ENTIRETY. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION.

| GENERAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |       |                                                               |            |                                                   |        |                |        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|-------|---------------------------------------------------------------|------------|---------------------------------------------------|--------|----------------|--------|--|
| POSITION APPLYING                                                                                                                                                                                                                                                                                                                                                                                                                                       | G FOR      |  |       | POSTING#                                                      |            | Social Security # (Used for processing -Optional) |        |                |        |  |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                               | ist Name   |  |       | First Name                                                    |            | <u> </u>                                          |        | Middle Initial |        |  |
| Address Ci                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |       | City State Zip + Four                                         |            |                                                   |        |                |        |  |
| Home Phone                                                                                                                                                                                                                                                                                                                                                                                                                                              | Work Phone |  |       | Cell Phone                                                    |            |                                                   | Othe ( | Other ()       |        |  |
| Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18 years old?  Yes [] No []  Are you legally eligible for employment in the United States?  Yes [] No []                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
| Will you accept: [ ] Regular [ ] Temporary Will you accept: [ ] Full Time [ ] Part Time                                                                                                                                                                                                                                                                                                                                                                 |            |  |       | Shifts you will accept: [] Day [] Evening [] Night [] Weekend |            |                                                   |        |                |        |  |
| Have you been convicted or released from prison within the last 10 years? Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations (do NOT list any conviction for which the date of conviction or prison release, whichever is more recent, is more than 10 years old)? Yes [] No [] If Yes, explain below.  (A conviction record will not necessarily bar you from employment.) |            |  |       |                                                               |            |                                                   |        |                |        |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charge     |  |       | Sentence                                                      |            |                                                   |        | Remarks        |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
| EDUCATION                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               | Full Years | Full Years Degree                                 |        |                | Credit |  |
| Name of college, university, vocational school                                                                                                                                                                                                                                                                                                                                                                                                          |            |  | Iajor |                                                               | Completed  | _                                                 | s / No | Degree/Title   | Hours  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
| Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date.                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |       |                                                               |            |                                                   |        |                |        |  |

| EM                                                                                                                                                                                                             | IPLOYMENT HISTORY                                                                                                                                             |                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| List your applicable work experience, starting with m                                                                                                                                                          | nost recent first, including self-employment, mili                                                                                                            |                                                                                                                  |
| MOST RECENT POSITION Employer:                                                                                                                                                                                 |                                                                                                                                                               | Dates Employed:                                                                                                  |
| Address:                                                                                                                                                                                                       |                                                                                                                                                               | From To                                                                                                          |
| Position:                                                                                                                                                                                                      | No. of employees you supervised:                                                                                                                              | /                                                                                                                |
| Supervisor:                                                                                                                                                                                                    | Phone ( )                                                                                                                                                     | mm yy mm yy                                                                                                      |
| Specific Duties:                                                                                                                                                                                               |                                                                                                                                                               |                                                                                                                  |
|                                                                                                                                                                                                                |                                                                                                                                                               | Hours per Week                                                                                                   |
|                                                                                                                                                                                                                |                                                                                                                                                               | Final Salary                                                                                                     |
|                                                                                                                                                                                                                |                                                                                                                                                               | May we contact your current                                                                                      |
| Reason for leaving or considering change:                                                                                                                                                                      |                                                                                                                                                               | employer? Yes [ ] No [ ]                                                                                         |
| OTHER EXPERIENCE Employer:                                                                                                                                                                                     |                                                                                                                                                               | Dates Employed:                                                                                                  |
| Address:                                                                                                                                                                                                       |                                                                                                                                                               | From To                                                                                                          |
| Position:                                                                                                                                                                                                      | No. of employees you supervised:                                                                                                                              | //                                                                                                               |
| Supervisor:                                                                                                                                                                                                    | Phone ( )                                                                                                                                                     | mm yy mm yy                                                                                                      |
| Specific Duties:                                                                                                                                                                                               |                                                                                                                                                               |                                                                                                                  |
|                                                                                                                                                                                                                |                                                                                                                                                               |                                                                                                                  |
|                                                                                                                                                                                                                |                                                                                                                                                               | Hours per Week                                                                                                   |
|                                                                                                                                                                                                                |                                                                                                                                                               | Final Salary                                                                                                     |
| Reason for leaving:                                                                                                                                                                                            |                                                                                                                                                               |                                                                                                                  |
| OTHER EXPERIENCE Employer:                                                                                                                                                                                     |                                                                                                                                                               | Dates Employed:                                                                                                  |
| Address:                                                                                                                                                                                                       |                                                                                                                                                               | From To                                                                                                          |
| Position:                                                                                                                                                                                                      | No. of employees you supervised:                                                                                                                              | /                                                                                                                |
| Supervisor:                                                                                                                                                                                                    | Phone ( )                                                                                                                                                     | mm yy mm yy                                                                                                      |
| Specific Duties:                                                                                                                                                                                               |                                                                                                                                                               |                                                                                                                  |
|                                                                                                                                                                                                                |                                                                                                                                                               |                                                                                                                  |
|                                                                                                                                                                                                                |                                                                                                                                                               | Hours per Week                                                                                                   |
|                                                                                                                                                                                                                |                                                                                                                                                               | Final Salary                                                                                                     |
| Reason for leaving:                                                                                                                                                                                            |                                                                                                                                                               |                                                                                                                  |
|                                                                                                                                                                                                                | sheets if necessary to include all work history possible in outlining the duties of each position.                                                            |                                                                                                                  |
| AGREEMENT, CH                                                                                                                                                                                                  | ERTIFICATION AND AUTHORIZATIO                                                                                                                                 | ON                                                                                                               |
| I hereby certify, under the penalty of perjury in the St<br>information given is true and complete to the best of my kn<br>misrepresentation or falsification, my application may be<br>employment.            | tate of Washington, that this application contains no nowledge and belief. I am aware that should an invest rejected, my name may be removed from considerate | willful misrepresentation and that the tigation at any time disclose any such ion or I may be discharged from my |
| I understand that this application is not intended to be agreements, which specify terms of employment. Emplo This means that either party can terminate the employment Signature is required at time of hire. | yment for all positions not covered under collective                                                                                                          | e bargaining agreements is "at will."                                                                            |
|                                                                                                                                                                                                                | Signature of Applicant                                                                                                                                        | Date                                                                                                             |

# **EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE (OPTIONAL)**

Clark County is an equal opportunity employer and is committed to providing equal opportunity and access regardless of race, religion, creed, color, national origin, age, sex, physical, mental or sensory disability, sexual orientation, disabled veteran or veteran status. For this purpose, we would appreciate you providing the information below. This is entirely voluntary and will remain CONFIDENTIAL. The information gathered herein will not be provided to supervisors, the appointing authority or other department employees. It will be used for monitoring and for federal reporting purposes only. We appreciate your assistance and cooperation in voluntarily providing this information and in assisting Clark County in ensuring equal employment opportunities for all applicants.

| Position Applied For:                                                                           |                               | Posting No:                                                                       |                                                         |  |  |  |  |
|-------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------|--|--|--|--|
| GENDER: Male[] Fe                                                                               | emale [ ] AGE OVER 40:        | Yes [ ] No [ ]                                                                    |                                                         |  |  |  |  |
|                                                                                                 |                               | ease indicate one group only for record<br>d by and reported to the Federal Equal | d-keeping purposes. Employment Opportunity Commission.] |  |  |  |  |
| [] American Indian [] Asian or Pacific I [] Black (not of His [] Hispanic: [] White (not of His | slander:<br>panic origin):    | Affiliation:                                                                      |                                                         |  |  |  |  |
| <b>DISABLED</b> : Yes [] Neople with disabilities a major life activities.                      |                               | physical, mental, or sensory impairment                                           | ent, which substantially limits one or more             |  |  |  |  |
| VETERAN: Yes[] N                                                                                | o[]                           |                                                                                   |                                                         |  |  |  |  |
| DISABLED VETERAN                                                                                | N: Yes [] No []               |                                                                                   |                                                         |  |  |  |  |
|                                                                                                 |                               |                                                                                   |                                                         |  |  |  |  |
|                                                                                                 | R                             | ECRUITING SOURCE                                                                  |                                                         |  |  |  |  |
| Please tell us how you h                                                                        | neard about this position (se | elect only one source):                                                           |                                                         |  |  |  |  |
| Publications:                                                                                   |                               |                                                                                   |                                                         |  |  |  |  |
| [] The Columbian                                                                                | [] The Oregonian              | [] The Skanner                                                                    | [] El Latino de Hoy                                     |  |  |  |  |
| [] Seattle Times                                                                                | [] Asian Reporter             | [] Spokane Review                                                                 | [] The Olympian                                         |  |  |  |  |
| Internet Sites:                                                                                 |                               |                                                                                   |                                                         |  |  |  |  |
| [] Columbian website                                                                            | [] Oregonian website          | [] Clark County Website                                                           | [] Seattle Times website                                |  |  |  |  |
| [] El Latino de Hoy website                                                                     |                               | [] Other Internet/Website:                                                        |                                                         |  |  |  |  |
| Other Sources:                                                                                  |                               |                                                                                   |                                                         |  |  |  |  |
| [] Job Hotline                                                                                  | [] Job Interest Card          | [] Clark County Bulletin Board                                                    | [] College/Career Center Referral                       |  |  |  |  |
| [] Acquaintance/County Employee                                                                 |                               | [ ] Other:                                                                        |                                                         |  |  |  |  |